

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Assess for additional signs of trauma
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
3. If penetrating globe injury present/suspected, shield the eye and position patient at 45 degrees ①
Do not put any pressure on the eye
4. Do not remove any impaled foreign bodies from eye; secure them in place
5. If contacts lenses are present and the patient is unable to remove them, leave in place
6. Establish vascular access prn (*MCG 1375*)
7. Burns to eye:
Chemical Burn – Irrigate with **Normal Saline 1L**
Thermal Burn – Cover with dry dressing
Treat in conjunction with *TP 1220, Burns*
8. For eye pain: (*MCG 1345*)
Fentanyl 50mcg (1mL) slow IV push or IM/IN
Repeat every 5 min prn, maximum total dose prior to Base contact 200mcg
Morphine 4mg (1mL) slow IV push or IM
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

CONTACT BASE for additional pain management after maximum dose administered:
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg
9. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min prn

SPECIAL CONSIDERATIONS

- ① Consider a penetrating globe injury with any eye trauma, especially penetrating trauma, large subconjunctival hemorrhage, abnormal shaped pupil or iris, or the appearance of fluid or tissue coming from the eye.